



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/774,340
Filing Date	February 6, 2004
First Named Inventor	Asutosh Nigam
Art Unit	1773
Examiner Name	Monique R. Jackson
Attorney Docket Number	8500-0256.10
Mail Stop	Amendment

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$65.00 Fee Transmittal <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - ____ Affidavits/declaration(s) <input type="checkbox"/> ____Month Extension of Time	<input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ____ Sheets <input type="checkbox"/> Compact Disk(s) - ____ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):
---	---	--

REMARKS

--

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Isaac M. Rutenberg, Reg. No. 57,419 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	April 20, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Joe Clark		
Signature		Date	April 20, 2007